

Date _____



CITY OF RENO VOLUNTEER/INTERN APPLICATION

Thank you for offering to give your time and energy to serve as a Volunteer or Intern with the City of Reno. Your interest in assisting the City is vital to our Community. Please answer all questions completely and to the best of your knowledge. Please be sure to sign and date the application. Again, thank you for your interest in our City.

Name: _____ SS# _____
Last First M.I.

Address: _____
Street City State Zip Code

Phone: Day _____ Evening _____ Cell _____

E-Mail Address: _____

Have you ever been convicted of a crime other than minor traffic citations (minor, for which the fine was \$150 or less?)
☐ No ☐ Yes If yes, please give date(s) and place(s), the specific charge(s) and fully explain the situation. If more room is needed, please use a separate sheet of paper. _____

VOLUNTEER or INTERN EXPERIENCE

(1) Organization: _____

Address: _____
Street City State Zip Code

Name of Supervisor: _____ Volunteered From: _____ To: _____

Reason for Leaving: _____ Title/Position: _____

Duties: _____

(2) Organization: _____

Address: _____
Street City State Zip Code

Name of Supervisor: _____ Volunteered From: _____ To: _____

Reason for Leaving: _____ Title/Position: _____

Duties: _____

EMPLOYMENT (Current or Most Recent)

Employer: _____

Address: _____
Street City State Zip Code

Name of Supervisor: _____ Worked From _____ To _____

Reason For Leaving: _____ Title/Position: _____

Duties: _____

REFERENCES

Please list two people (not related to you) who have known you at least one year. Do not repeat names of supervisors listed above.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY CONTACT INFORMATION

Name: _____ Phone: _____

Address: _____ Relationship: _____

SIGNATURE

I certify that all statements of this application are true, and I understand that any false statements of material facts may cause forfeiture of my volunteer position with the City of Reno. The City of Reno is authorized to make any investigations of my background, including a criminal history background check.

Signature_____
Date_____
Parent/Guardian Signature (if under 18)_____
Date_____
Parent/Guardian Name (Please Print)

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